State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-

Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

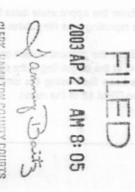
COMMITTEE INFOR	RMATION		
1. Full name of committee (as on Statement of Organization)	e		Part of the second second second
Committee to Elect Kathie Stretc	h	andread bearing a series	ne editorie Februarie and
2. Acronym or abbreviated name, if any	3. Committee tel	ephone number	
in-blod and bancion in This figure will be the total of all pages of Schedulo	11317	1 484-1682	
4. Mailing address (address where all campaign finance correspondence is received) C	heck if this is a new	eddress	noticing any altached ache date
5. City, state, ZIP code	6. Party affiliation	n (if applicable)	O STREEMOREMA NA ARRESTE
Arcadia IN 46030	the second secon	ublican	s ai bettimique nottermotr
CANDIDATE INFORMATION (For Can	ALCOHOL: NAME OF THE OWNER, THE O	THE RESERVE THE PERSON NAMED IN COLUMN 2 I	
7. Full name of candidate (include any nickname)	man and statement in the statement	or if independent	
Kathleen Byrnes Stretch		ublican	and the second second second
9. Office sought (Include district number, if any. Not required for exploratory committee.) 1. Committee of the committee o	10. County of res	1.1	
CITY Council District 4	nan	il+on	
TYPE OF REPORT	2000年1000年	Check one:	ON CANDIDATES ONLY
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be 105	Pre-Convent	ion
Outgoing Treasurer (within 10 days amend Statement of Organization)	and Lo made so o j	Posi-Conven	THE PRINCE WE SEED AND THE
12. Reporting period:		COLUMN A	COLUMN B
From: Vinin CV 1, 2003 Through: APCI 1	2003	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	, 000	0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS	the particular company of the	AND THE PERSON AND A PROPERTY OF THE PERSON	The state of the s
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	tributions.)		
15a. Itemized (use Schedule A)	-	932.60	932.60
15b. Unitemized	Participant and	1092.60	1092.60
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	1092.60	1 1092.60
EXPENDITURES	TOTAL	1012.00	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. itemized (use Schedule B) (Public Question: use Schedule C)	inadmunes no las	741.40	741.40
17b. Unitemized	ni-ethw A ".imbi	101.85	101.85
17c. Add lines 17a and 17b in both columns	SUBTOTAL	843.25	843,25
		249.35	249.35
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	Giunnis) 101AL	472.09	
19. Debts OWED BY the committee (use Schedule D)	Distall -	0	statement of a security of
20. Debts OWED TO the committee (use Schedule E)	resultines viris	U	经济社会企业公司

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, refunds rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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SUPPLY S NAME	and				
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	ote this schedule Fer				

ではなった。	CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Mary to Byrnes 7980 Schoolhouse Lane	Contributions: Direct In-Kind (describe)	321.00	321.00	3/4/03
Cont	CINCINNATI, OH 45242	Other Receipts: Interest □Loan Misc (specify)	ition of any indivi- c contributors a contributors	oter the occupa atton for ethe then entering	Kathie Stretch
2.	Jeanne and Dubb Clark 13655 Howe Rd.	Contributions: Direct In-Kind (describe)	200.00	200.00	3/18/03
Cont	Noblesville, In. 46060	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	EAR-TO-DA	CEVITALUI	Kathie stretch
3.	"Kathie Stretch 524 Current Dr	Contributions: Direct Ch-Kind (describe) 8/2 x5/2 photo Cards	411-60	411.60	3131103
Contr	NobleSville, IN. 46060	Other Receipts:	ney arder, NGT aren is accept committee o	ne check or mo convince when Enter the	Kathie Stretch
4.	of Schedule A. If there is only one sloge of this Schedulo,	Contributions: Direct In-Kind (describe)	CHEDULE A	PAGE OF 8	BIRT LATOT
Contr	flutor's Occupation (f required)	Other Receipts: Interest □Lcan Misc (specify)	A BUUGENO re legan en	AGES OF S	segan on Schae
5.		Contributions: Direct In-Kind (describe)			. 4
Contri	butor's Occupation (if required)	Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	i cumplainte receipts over \$100 within a balandar year (\$200 if regular party).	din eschudetni	ddress of all o atto have paid	s gallem ban sedins outure	ar the full came online). The In
	Other Receipts Interest □L Misc (specify		wdninoo s g	nhetre nedW	PORTANT:
2	Contributions:	cribe)	OX OTHER	pus) benivoro	schnez so foub
	Other Receipts Interest □L Misc (specif)		YEAR-TO-	EVITAJUN	LUMN B CL
3.	Contributions: Direct In-Kind (description)	cribe)	calandar	part of sac	this that our
	Other Receipts Interest □ Lo Misc (specify)	nan	consy order, & costs is not committee	the cleak or to received was You have the	mbullons are
4	Contributions: Direct In-Kind (desc	cribe)	SCHEDUL OF ALL PA	30 39 / 9 0 A701 atras e 30 230 A9	HT JATOTS
	Other Receipts:	nan	ier this figure	dule A. Also edit	ribo no aspagia
5.	Contributions: Direct In-Kind (description)	ribe)			
	Other Receipts: Interest □Lo Misc (specify)				
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_	TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST P	AGE ONLY	0		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	BUTOR'S FULL NAME AND FULL MAILING ADDRESS treet, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Villag valuger		Contributions: Direct In-Kind (describe)	po lie to conti	and maling ad	eman Rin eriv
. miljudh dinna		Other Receipts:	a contribut	pohotne nadv	ORTANT:
2. Andrews and an architecture and	to.). For "eulos lansous", be as specific in industria in-strat francism-en or other re-	Contributions: Direct In-Kind (describe)	ngis brey us egis brey us egistop: es	SUNT THIS	SOLVIES TO ES
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4. 38.094555.34	of Scripture A. Trace is only one page of a	Contributions: Direct In-Kind (describe)	OF ALL PAGE THEDULE	ACIES OF S	TO DAIL PROG TO SE SERVE LL OF ALL P
		Other Receipts:	i li in Sgure og	ans A. Also ente	
5.		Contributions: Direct In-Kind (describe)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legiby IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts:			
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		Other Receipts:	PERTO SO SERVICE SEE SEE SEE	inetre netted ISOSTUBLIST Secretal (suc	MOD TO BY
3.	Station, housing in lind, benefore-in or all or recept for grid	Contributions: Direct In-Kind (describe)	3:00:934	SUNT THIS	CÜNNA A AM ding parket.
	contributions, including in-Abrid, immediately of other recourse. A natural in this terms are the entry in Column A.	Other Receipts:	- nebnotes	EVITALION A	ab-ol-way make ab-ol-way make the first re
4.	alled or deposited in the account. For cash contributions, the ombor, MOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	oney order the content of the content of the content or end or en	m to stanta sell terial textéces	perioden bedita esa enoltugin
	the contribution for the committee. (IC 3-9-1-25 page of Schedule 2 there is only one page of this Schedule.	Other Receipts: Interest □ Loan Misc (specify)	COMMITTEE LACKEDULE OF ALL PAGE	Setter the ROE OF The Set of the	HIT LIATOY!
5.	CHELTS ERGE (UITTRE LAST PAGE ONLY, ING ERIE SHOULD Sileat.	Contributions: Direct In-Kind (describe)	SUVESTOR	PAGES OF P	JUA 40 JA erb8 no zegag
		Other Receipts: Interest I Loan Misc (specify)			
	SUB TOTAL THE TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary)	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY	\$ O		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	of			

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	reporting committee received a transfer in. All fernalments	Contributions: Direct In-Kind (describe)	on date to sten	ibs gallam ter	enten fut eitt
		Other Receipts:	200000000000000000000000000000000000000		
2	group \$100 plate a calendar year (\$200 if require party	Contributions: Direct In-Kind (describe)	nos lla lu eacre la biso evad co	ne priliam base udes entitles v	the full name ruse). This inc
		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	e continuente	pointine ned	ORTANT: V
3.	con, including it-list d, transfers-in or other receipts for this	Contributions: Direct In-Kind (describe)	ME: BOURES	SIHT THUC	UMN A AMI
		Other Receipts: Interest Loan Misc (specify)	EAR-TO-DA	FEVITALIUI	UMN B CUI
4.	ved. For chacks and money orders indicate the date in it is or deposited in an executit. For each contributions, the sea, NOT when mailed or deposited to an ecocutic.	Contributions: Direct In-Kind (describe)	onth, day, and may order, NO coats to separate	2: Enter the m se check or ma calved when	E RECEIVE
	contribution for the committee. (IC 3-9-1-25) and Schools A. I there is only the page of this Schools.	Other Receipts: Interest □ Loan Misc (specify)	ocamillos a	Enter the	EIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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,		- ACT ACT VALUE	9504003
Page		of	only Elector

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A Discount Copies 2325 E. Connerst Nobrsville, IN 46060	Printer.	Direct In-Kind Payment of Debt Returned Contribution Other	411.60	411-60	3/31/03
	OF EXPENDITURE: ENTER: TO BITURE OR YANNSPER-OI FO ON MIN IS ORCE	Purpose: Proto cards to randout Winto of candidates	of for bigots up anolf cant, list w or other things		
10800 Lackman Rd.	Sign Maker	Direct In-Kind Payment of Debt Returned Contribution Other	339.80	329.80	3131/03
PO BOX 2909 Shawnee Mission, KS lda	201	Purpose: Yard signs for advertising			
Code	sk edi Kiros	Direct In-Kind Payment of Debt Returned Contribution Other	con dudo a fee o construction action of the first is des construction	praint by contict reduced calculation decomplism asked divided was possible.	salam Delminon to oither company compres. In the last pod, if m-tot
	AND WITE ENGINEER OF SOLUTION OF A SOLUTION	Purpose:		galoisaton	Type: F
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TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 741.40		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION		luberon entire	
and agaugnal base N notes					
Type of Question: Statewide Loc Position: Supported Opposed	cal	the public question is statewide or loc	nerboriw gmili	tials for indica	ск ви врогор
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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ee: guidelings to zelemine the	Direct	the cumulative expenditures calend by, and year of the expenditure. Use	SOATE: Enter the month, o	T-943Y TXU	DREA S MANU. E OF EXPEN as dula to use
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

FILE NUM	BER
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THE PERIOD
American Express PO BOX 650448	Kathe Stretch 524 Currant Dr	411.60	3/31/03	411.60	411.60
Dallas, TX 75265-0448 ENDERS OCCUPATION Credit Cavid Company	Noblesville, IN 46060	Credit card of candidate	tree who had back the de credit card	other committees will pay	the commer it purchase
American Express Do Box 650448	Kathe Stretch Soucurrant Dr	60.49	417103	60.49	60.49
Dallas, TX BNDERS OCCUPATION: 75265-0448	Noblesville, IN 46060	personal credit card of candidat	ne no ,ensero	ers, or-sind rooft card of version in	edilminos committee
taerátní maoi ent tot begrand		neol salt 16 truom	a leutos edi	foan, enter	NUNT: For a
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER	FILE NUMBER			
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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